

EMS REGION III PEDIATRIC ADVANCED LIFE SUPPORT (PALS) STUDENT REGISTRATION FORM

Each student must complete a registration form and submit appropriate fees at least 10 days prior to the class starting. Early registration is strongly advised. Registrants will receive a confirmation letter.

STUDENT NAME (FIRST AND LAST NAME)																			
STUDENT HOME ADDRESS																			
CITY										STATE					ZIP CODE				
DAYTIME PHONE NUMBER										EMAIL ADDRESS									
SERVICE AFFILIATION																			
BEGINNING DATE OF CLASS										ENDING DATE OF CLASS									

Registration Fee Per Student	1	5	0	.0	0
REGISTRATION FEE					

METHOD OF PAYMENT: Please check appropriate box													
<input type="radio"/> Money Order - # <input type="radio"/> Purchase Order – Original PO must be attached <input type="radio"/> Check - # <input type="radio"/> Cash	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Charge to:</td> <td style="padding-left: 20px;"><input type="radio"/> Visa</td> <td style="padding-left: 20px;"><input type="radio"/> Mastercard</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Account Number:</td> <td colspan="2"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Expiration Date:</td> <td colspan="2"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Card Holder Name:</td> <td colspan="2"></td> </tr> </table>	Charge to:	<input type="radio"/> Visa	<input type="radio"/> Mastercard	Account Number:			Expiration Date:			Card Holder Name:		
Charge to:	<input type="radio"/> Visa	<input type="radio"/> Mastercard											
Account Number:													
Expiration Date:													
Card Holder Name:													

AGENCY / DEPARTMENT PURCHASE ORDER INFORMATION:	
<i>Original PO must accompany registration form!</i>	
Paying Agency:	City, State, Zip:
Contact Person:	Daytime Phone:
Billing Address:	PO Number:

*Return registration form with appropriate payment to:
EMS REGION III, PO BOX 1895, CLOVIS, NM 88102-1895
* * DIRECT ALL QUESTIONS TO EMS REGION III AT 575-769-2639 * **

* * * FOR EMS REGION III USE ONLY * * *																			
Date Registration Received										Date Registrant Confirmation Mailed									
Total Registration Fee										Type of Payment (PO, check, cash, credit card, money order)									